MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09595

9590

# CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH: COUNTY Caroline MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Goldsboro

LENGTH OF STAY (in this place) 79 Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Goldsboro

STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Eldridge (Last) Carney

4. DATE OF DEATH: (Month) 10 (Day) 5 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 3/23/1876

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Carney

14. MOTHER'S MAIDEN NAME: Frances Mathews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Ray Carney Goldsboro, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Thrombosis — Sudden

DUE TO (B) Arteriosclerotic Cardiovascular Disease

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 5, 1955 to Oct. 5, 1955, that I last saw the deceased alive on Oct. 5, 1955, and that death occurred at 8:30 AM, from the causes and on the date stated above.

SIGNATURE Charles H. Stoessfer M.D. ADDRESS Greensboro, Md DATE SIGNED Oct 6 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10/8/55

NAME OF CEMETERY OR CREMATORY Union

LOCATION (City, town, or county) (State) Rural Goldsboro, Md.

DATE REC'D BY LOCAL REGISTRAR 10/8/55

REGISTRAR'S SIGNATURE A C Smith

24. FUNERAL DIRECTOR J. E. Boulais ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH

09596

9591

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 66

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Marydel
LENGTH OF STAY (In this place) 71 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marydel X
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Maud (Middle) Temple (Last) Hummer
4. DATE OF DEATH (Month) 10 (Day) 25 (Year) 55 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 6/9/1884
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School Teacher
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME L.N. Hummer
14. MOTHER'S MAIDEN NAME Fannie Barton Temple

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS James L. Hummer Frankford, Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion — few minutes

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 5 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Lawson O George (Degree or title) M.D. Deputy Medical Examiner ADDRESS Denton Md. DATE SIGNED 10/28/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/29/55
NAME OF CEMETERY OR CREMATORY Templeville
LOCATION (City, town, or county) (State) Templeville, Md.

DATE REC'D BY LOCAL REG. 10/29/55
REGISTRAR'S SIGNATURE A E Clark Smith
24. FUNERAL DIRECTOR J. E. Boulden
ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

9592

09597 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
LENGTH OF STAY (in this place) 24 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hurlock Road

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location) Hurlock Road

**3. NAME OF DECEASED: (Type or Print)** (First) Harold (Middle) Clifford (Last) Layton

**4. DATE OF DEATH** (Month) October (Day) 22 (Year) 19 55

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Married

**8. DATE OF BIRTH:** June 18, 1896

**9. AGE last birthday:** 59 yrs.

IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of work life, even if retired): Farmer

**10b. KIND OF BUSINESS OR INDUSTRY:** Farm Owner

**11. BIRTHPLACE** (State or foreign country): Dorchester Co., Maryland

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Melvin Layton

**14. MOTHER'S MAIDEN NAME:** Edith Lowe

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

**16. SOCIAL SECURITY NO.:** 218-34-9174

**17. INFORMANT & ADDRESS:** Mrs. Edna C. Layton, Federalsburg, Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| 420.1 Immediate cause | (a) Coronary occlussion | 2 hrs. |
| DUE TO | | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) Hypertention | 2 yrs |
| DUE TO | | |
| | (c) Arteio-Sclerosis | " |

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDING OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☒

**21a. EXTERNAL CAUSE WAS** PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

**21b. PLACE** (Home, farm, factory, street, office bldg., etc., OF INJURY

**21c.** (City or town) (County) (State)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) M.

**21e. INJURY OCCURRED** While at work ☐ Not while at work ☐

**21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Lawson D. George M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10/24/55

**23. BURIAL, CREMATION, REMOVAL (Specify):** Burial

DATE THEREOF Oct. 25, 1955

NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park

LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. October 24, 1955

REGISTRAR'S SIGNATURE Margaret H. Frampton

**24. FUNERAL DIRECTOR** J.J. Frampton and Son

ADDRESS Federalsburg, Md.

VS. A15A - 5 - 53

Item 2, FilmG188 11-3-55 et

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09598

## CERTIFICATE OF DEATH

9593

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Greensboro-Rural
LENGTH OF STAY (in this place) 17 mon.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Cherry Nursing Home Greensboro, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg
(If rural give location) X
STREET ADDRESS North Main Street Cherry Nursing Home

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Jennings (Last) Noble

4. DATE OF DEATH: (Month) October (Day) 16 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan. 14, 1882
9. AGE last birthday 73 yrs. IF UNDER 1 YEAR: Months 9 Days 2 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10B. KIND OF BUSINESS OR INDUSTRY: Bus Driver
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: A. J. Jennings
14. MOTHER'S MAIDEN NAME: Kate Mowbray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 213-22-9495
17. INFORMANT & ADDRESS: Mrs. Dale Elrick- Federalsburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage

ANTECEDENT CAUSE (B) DUE TO Cerebral General Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1954 to Oct. 16, 1955, that I last saw the deceased alive on Oct. 15, 1955, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

SIGNATURE Charles H. Stamper M. D. ADDRESS Greensboro, Md. DATE SIGNED 10/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/18/55
NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery
LOCATION (City, town, or county) (State) Federalsburg, Md.

DATE REC'D BY LOCAL REGISTRAR 10/17/55
REGISTRAR'S SIGNATURE L. Mae Pippin
24. FUNERAL DIRECTOR J. J. Framptom and Son, ADDRESS Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

9594

09599
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY: Caroline — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural / Hillsboro — LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Md — COUNTY: Caroline
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): Rural / Hillsboro
STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED (Type or Print):** (First) ARLEY (Middle) (Last) PINKNEY

**4. DATE OF DEATH:** (Month) Oct (Day) 24, (Year) 1955

**5. SEX:** M

**6. COLOR OR RACE:** C

**7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):** Single

**8. DATE OF BIRTH:** unknown

**9. AGE last birthday:** 68 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of work life, even if retired): Farm helper

**10b. KIND OF BUSINESS OR INDUSTRY:** Farming

**11. BIRTHPLACE** (State or foreign country): Maryland

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** Charles Pinkney

**14. MOTHER'S MAIDEN NAME:** Nedy Banks

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) no (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:**

**17. INFORMANT & ADDRESS:** Reggie Pinkney, Queen Anne, Md

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:** — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 431X Myocardial infarct — Sudden
DUE TO
Antecedent cause(s) (b) Epinephrine — "
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (c)

**II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.**

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDING OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☒

**21a. EXTERNAL CAUSE WAS** PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

**21b. PLACE** (Home, farm, factory, street, office bldg., etc.) OF INJURY

**21c.** (City or town) (County) (State)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) M.

**21e. INJURY OCCURRED** While at work ☐ Not while at work ☐

**21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: Damon D. George, M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED: 10/27/55

**23. BURIAL, CREMATION, REMOVAL (Specify):** Burial — DATE THEREOF: Oct. 27, 1955 — NAME OF CEMETERY OR CREMATORY: Sandtown — LOCATION (City, town, or county) (State): Hillsboro, Md.

DATE REC'D BY LOCAL REG.: 10/27/55 — REGISTRAR'S SIGNATURE: Dan D. George

**24. FUNERAL DIRECTOR:** J. Boyd Moore Son, Denton — ADDRESS

VS. A15A - 5 - 53

Whelan

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09600

9595

# CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg
LENGTH OF STAY (in this place) 69 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 301 Buena Vista A venue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg
STREET ADDRESS (If rural give location) 301 Buena Vista Avenue

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Warren (Last) Stowell

4. DATE OF DEATH: (Month) Ocotober (Day) 5 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: June 4, 1869
9. AGE last birthday 86 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer - J.W.Stowell Printing Co.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Williamsport, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry F. Stowell
14. MOTHER'S MAIDEN NAME: Annie Hurr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-32-8561
17. INFORMANT & ADDRESS: John W. Stowell, Jr., Federalsburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis — 1 hr.
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)
DUE TO
(C) Hypertension — 5 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/5, 1955, to 10/5, 1955 that I last saw the deceased alive on 10/5, 1955 and that death occurred at 6:30 A M, from the causes and on the date stated above.

SIGNATURE J. M. Anderson. M. D. ADDRESS Federalsburg, Md. DATE SIGNED Oct. 6, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct. 8, 1955
NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery
LOCATION (City, town, or county) (State) Federalsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR October 8, 1955
REGISTRAR'S SIGNATURE Margaret N. Frampton
24. FUNERAL DIRECTOR J.J.Framptom and Son, ADDRESS Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53